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Application #	
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## **Harnett County Central Permitting**

420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

### Application for Manufactured Home Set-Up Permit (Please fill out each part completely)

Part I – Owner Information: Home Owner Information (To be completed by owner of the manufactured home)
Name: Edta Shanay Pierce Address: 222 High Ridge Apt G
City: Sanford State NC Zip: 27330 Daytime Phone: (353 916-8314)
Landowner Information (To be completed by landowner, if different than above)
Name: Tracy Marrow Address: 13782 Mc Dougast Kd
City Son State AC Zip: 27332 Daytime Phone: 919 935-4292
Part II – Contractor Information (To be completed by Contractors or Homeowner, if applicable.  Name, address, & phone must match information on license)
A. Set-Up Contractor Company Name: Rodn (V Brown)
Phone: 919-775-2271 Address 23 Polly Ln
city. Sanford State: NC Zip: 24330 Email:
Setup Signature: Edra Pulsce for Rodney Brown State Lic# 3550
B. Electrical Contractor Company Name: JAL Electrical Service Inc
Phone: 910-977-0310 Address: 870 Three Wood Dr.
city Favetheville state: NC zip: 28312 Email: Hee@Jalelectricalservicu.com
Electrician's Signature Edra Pierce for Jony Lee State Lic# 13276-L
C Mechanical Contractor Company Name:
Phone: 910-322-5113 Address 775 Dowfield Dr.
City: FAVETTEVILLE State: No Zip: 2:311 Email: Overhillsheating and six @ gmail. con
HVAC Signature: 1/00000 & State Lic# 24/06
D Plumbing Contractor Company Name. Double J Plumbing LLC
Phone: 910-814-7705 Address: 614 BVrd Rd.
city: Bunnlevel state: NC zip: 28323 Email: jamie johnson plumbing@gmail.com
Plumber's Signature: Edia Purce for Jamie Johnson State Lic# 21649
Part III – Manufactured Home Information
Model Year: 2024 Size 13.4" x 56 Complete & follow zoning criteria sheet
Park Name: not a park private property or number: private property
I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and signatures, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.
8100, Shaman Presser 2-21-24

Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the orm 500 and if available, the serial number.

ist of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

Date

Signature of Home Owner or Agent

## **Champion Homes Center**

• 115 Titan Roberts Rd. • Lillington, NC 27546 • 1 (800) 504-3238

110 1101111	BUYER 2			1	DATE OIAO	2024	HIS CONTRACT	7
Edra Shanay Pierce			ZIP - 2022					
MAILING ADDRESS 13782 McDougald Rd	Sanford NC		27332		PHONE (252) 916-8316			
DELIVERY ADDRESS 13782 McDougald Rd	CHY Sanford			STATE NC	27332			
SALESPERSON Reyna Mondragon - 46927	EMAIL ADD	newz2mi(	@gmail.c	om	EMAIL ADDRES			
MAKE & MODEL Craycroft (L) 1456H22P01	by Ch		YEAR 2024		iooms 2	BATHS 2		DEN
	*****	NEW	FLOOR SIZE 14x56		HITCH SIZE 14	x60	APPROX. SQ. FT. 747	
NOTICE OF CONSTRUCTION & FI			Retail Pric		1456H2		\$ 54,796.19	
Buyer intends to finance this purchase and through	The same of the sa		Factory Direct Discount Craycroft (L)				\$	(10,896.19)
provide a loan approval letter to Champion Home	s Cente	er. Purchase	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN			ub Total 1	\$	43,900.00
Agreement is contingent as indicated under Nota agrees to and understands that all down paymen	ts will b	e handled per the						
Payment Disclosure and Notice of Cancellation a after 30 days, X	ind are	non-refundable	Addendur	n "A" Upg	rades		\$	194.00
after 30 days, A								
	134 m 134 A - 1 m 1						-	
NOTICE OF COMPLET	ION					ub Tetal 2	6	44,094.00
Buyer understands that the approximate complet	tion mor	nth for home is:			S	ub Total 2	3	44,094.00
May			Standard	Freight Ch	arne		\$	2,100.00
Buyer understands that in the event delivery of the property within 12 days after home is completed	at the fa	actory there will be	Gtaridatu	reight or	idige		<u> </u>	
a \$20 per day storage charge that must be paid	prior to	shipment.					<b>†</b>	
Buyer is financially responsible for insurance cov	erage c	on the home once			<del></del>			
completed by manufacturer and responsible for a	any dam	age incurred.						
NOTICE OF FREIGH	-		Home Pre	paration F	ee		\$	395,00
Buyer understands that unless otherwise stated, estimated for the current date and may not reflect	Buyer understands that unless otherwise stated, the quoted freight price is estimated for the current date and may not reflect fluctuating fuel charges,							
Department of Transportation highway construction re-routing, highway patrol escorts, or unique complicated placements based on terrain of delivery site.						<b></b>		
						-	4 406 40	
NOTATIONS & REMAP	RKS		Taxes	hange hased	on final delive	ry address	\$	1,106.49
Contingent on financing terms and conditions, C		at on county	lakes may c	italige based	Oli illiai delive	Total	5	47,695,49
issuing septic and build permit. Champion Home			The state of the s		-	\$	(3,749.76)	
documentation for any cancellation request.						The state of the s	\$	0,00
			Unpaid Balance				Name and Address of the Owner, where the	43,945.73
*NO VERBAL PROMISES Changes may only	y be ma	de via signed chang	e order requ	est and ma	y incur extra	charges. X	WPX	
Buyer understands that if not paid 7 business days p	rior to co	ompletion, balance mu	ust be paid in	certified fund	ds. Xell	X	OCAMBIERS MALLSTONIA	
Buyer agrees that the unpaid balance due will be	The same of the last	the same of the sa	AND DESCRIPTION OF THE PERSON NAMED IN	Mary and the state of the state	its x	Million Branch Street Street	HE DAYS	That I Have
I UNDERSTAND THAT I HAVE THE RIGHT TO CANCE SIGNED THIS PURCHASE AGREEMENT. I UNDERSTA	AND THA	AT THIS CANCELLTIO	N MUST BE I	WRITING,	IF I CANCEL T	THE PURCHA	ASE AFTER	R THE THREE-DAY
PERIOD, I UNDERSTAND THAT THE DEALER MAY N UNDERSTAND ANY CHANGE TO THE TERMS OF TH	E AGRE	EMENT BY THE DEAL	ER WILL CAI	NCEL THIS A	GREEMENT.			
Please read your Payment Disclosure carefully fo								
Unless otherwise stated, if for any reason buyer is no increase. If the cost of the home increases between	he date	of this agreement and	d the date buy	er authorize				
agreement amount will be adjusted to cover the incre THIS AGREEMENT ALONG WITH ADDENG				7 X	DESCRIPCIO	CD AND BI	IVED AND	NO OTHER
REPRESENTATION OR INDUCEMENT, VERI								
By Plyma Mandrym	311	404 SIGNED	Edr	a Sha	nay	Presc	e)	2-19-24
Reyna Mondragon - 48927 Champion	Homes C Represen	enter X BUYER		Edra Si	hanay Fierc	е		Date
Ox Uhilla alla al	ala	mar.						
Champion Homes Center MANAGER RE	IEW	SIGNED X BUYER	-					Date
& ACCEPTANCE	7	ADDIEN						======================================

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Application #			
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# Application for Manufactured Home Set-Up Permit (Please fill out each part completely)

Home Ow	wner Information: vner Information (To be complete	ed by owner of the manufactured home)	
Name: E	idra Shanay Pietc	e Address 122 High Ridge	AptG
		NC Zip: <u>27330</u> Daytime Phone:	
Name:	Tracy MARTOW	Address: 13782 McD  Zip: 27332 Daytime Phone:	ougal Pd 019 935-4292
A S	Name, a Set-Up Contractor Company Na	completed by Contractors or Homeowner, if apaddress, & phone must match information on light	cense)
		Address.	
		State: Zip: Email: _	
		<u> </u>	
		Name:	
		Address:	
		State: Zip: Email:	
		S	tate Lic#
C	Mechanical Contractor Compa	ny Name.	
•	Phone: 111/54/31/3	Address II) Dewtield DK	overhillsheating and mie egmanlicum
	ity FAVELLEVICE	State: Not Zip: 20511 Email:	7/20/6
		State Lic#	
		Name:	
		Address:	
		State: Zip: Email: _	
F	Plumber's Signature:	<u> </u>	tate Lic#
Part III -	Manufactured Home Informat	(on	
		Complete & follow zoning criter	
Park Nan	ne: <u>not a park priv</u>	ate properfylor number.	
informatio set-up rec	in and signatures, and that the cor		plicable manufactured home ny item is incorrect or false
GAA	a Clayeran Diax	2-21-2	) 4

\*Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the **Form 500** and if available, the serial number.

Date

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number

Signature of Home Owner or Agent

Application #	
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	900 NOT 1900 YOUR	lease fill out eac	in part compi	elely)			
Home (	Owner Information: Owner Information (To be comple	ted by owner	of the manu	factured home)			
Name:	Name: Edta Shanay Pietce Address: 222 High Ridge Apt G						
	City: Sanford State: NC Zip: 27330 Daytime Phone: (1) 916-8316						
Landow	vner Information (To be complete	d by landowne	er, if differen	t than above)	1.01		
Name:	Name: Tracy Marrow Address: 13782 Mc Daygat Rd						
City:	City: Son Ford State: MC Zip: 27332 Daytime Phone: 619 935 4292						
Part II	- Contractor Information (To be	completed by C	Contractors of	r Homeowner, if a	applicable.		
A.	Set-Up Contractor Company N			ch information on			
	Phone:	_ Address:	The same of the sa				
	City:	State:	Zip:	Email:			
	Setup Signature:				State Lic#		
B.	Electrical Contractor Company						
	Phone:	_ Address:					
	City:	_ State:	Zip:	Email:			
	Electrician's Signature:				_State Lic#		
C.	Mechanical Contractor Compa	any Name:					
	Phone:	_ Address:					
	City:	State:	Zip:	Email:			
	HVAC Signature:			State L	ic#		
D.	Plumbing Contractor Compan	y Name:					
	Phone:	_ Address:	· · · · · · · · · · · · · · · · · · ·	and the second s			
	City:	State:	Zip:	Email:			
	Plumber's Signature:				_State Lic#		
Part III	- Manufactured Home Informa	ation					
Model '	Year: <u>2024</u> Size/3-4"x 5	6 Com	piete & foli	low zoning crit	teria sheet		
Park N	ame: not a park, pri	rate prope	MgLot Nun	nber:	Aller Address of the Control of the		
informa set-up	y certify that I have the authority to tion and signatures, and that the co requirements, and the Harnett Cou tion has been provided that this perm	onstruction or in inty Zoning Ord	istallation will linance. I u	conform to the	applicable manufactured home		
Ed	NA SHAMAY PLL Signature of Home Owner or A	rce gent	9	2-21- Date	24		

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Application for Manufactured Home Set-Up Permit

	1(2)	riease fill out ei	ach pan c	ompletely)		
	Owner Information: Owner Information (To be completed)	ated his numer	of the n	nanufactured	home)	
	Edta Shanay Pict					
	1					
City \( \frac{\lambda}{\lambda}	Sunford State	NC_Zip	6733	<u>U</u> Daytime	Phone	(1) 416-8314
Landow	vner Information (To be complete	ed by landowr	ner if dif	erent than at	ove)	/ 0 1 4
Name.	Tracy Marrow	Ad	dress:	3/001	nc i	Salgard Rel
City_	Sinford State	ALC_Zip	273	2 Daytime	Phone	919 935-4292
Part II -	- Contractor Information (To be	e completed by				
A.	Set-Up Contractor Company					
	Phone					
	City.	State:	Zip		Email:	
	Setup Signature:					State Lic#
В	Electrical Contractor Compar	y Name I	4LETe	ctrical so	RVICE	TNC
	Phone: 910-977-0310					
	City Faye Heville.	State: NC	Zip	29312	Email:	+ lee ofale lectricalservice. con
	Electrician's Signature.	port of				State Lic# 13 2 76-2
C	Mechanical Contractor Comp	any Name			-	
	Phone:	_ Address _				
	City:	State <sup>-</sup>	Zip.		Email	The second secon
	HVAC Signature				State Li	C#
D	Plumbing Contractor Compar	ny Name				
	Phone	_ Address				
	City:	State	Zip		Email:	
	Plumber's Signature.					State Lic#
Part III	- Manufactured Home Inform	etion				
			120000 12	WE 122 13		
	Year <u> </u>		100		100	
Park Na	ame: <u>not a park, pri</u>	rate prop	ertglot	Number		
informat set-up r	r certify that I have the authority to ion and signatures, and that the c equirements, and the Harnett Cou ion has been provided that this per	onstruction or i	nstallatio dinance	n will conform	to the	applicable manufactured home
				2-	21-	24
LIA	10 Shanay Pul	cent		2-	Jato	1

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Window Help

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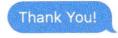
To: +1 (910) 814-7705





iMessage Today 6:35 PM

Double J Plumbing LLC 614 Byrd Rd Bunnlevel 28323 910-814-7705 jamiejohnsonplumbing@gmail.com License #21649



Delivered

Your welcome